



SCOTTSDALE POLICE DEPARTMENT, 8401 E. INDIAN SCHOOL, SCOTTSDALE AZ 85251
TELEPHONE 480-312-1999

CITY OF SCOTTSDALE REQUEST FOR OFFICIAL POLICE REPORT

Instructions:

- 1) Complete this form; providing as much information as possible. Failure to do so may delay the processing.
- 2) This report will not be available at the time of your request.
- 3) If you request, your report will be mailed to you or you may pick it up at the Records window when notified.
Monday - Friday, 7:00 am - 7:00 pm, Saturday, 7:00 am - 12:00 pm (excluding City Holidays).

COST: \$5:00 FOR ALL REPORTS plus \$0.25 per page after 30 pages.

PLEASE COMPLETE THE FOLLOWING:

REPORT # _____

CFS # _____

_____ TO BE PICKED UP

Audio/911 Tape _____

_____ TO BE MAILED

Record of Search _____

Today's date: _____ Date and
Time of Incident _____ Location: _____

Type of Report _____ Traffic Accident
_____ Burglary/Theft
_____ Other, please specify _____

Victim(s)/Driver(s) names:

Last, _____ First _____ DOB: _____

Last, _____ First _____ DOB: _____

REQUESTING PARTY INFORMATION:

Name (please print)

Street address

City _____ State _____ Zip _____

Work phone _____ Home phone _____

I hereby certify that the requested records will not be used for a commercial purpose.

Signature

Date

Received By _____
Date _____

Processed By _____
Date _____

Cash _____ Check _____ Check # _____

Mailed By: _____ Date: _____
Called By: _____ Date: _____